



Disabilities Awareness Blended Learning (Training) Outline

Overall Purpose: *To build the knowledge, skills, and awareness necessary to increase quality of care, consistency, and empathy for IHSS program recipients with disabilities.*

Components: There are three proposed learning modules—

1. Instructor-led in-person training (6 hours)
2. Online tutorials and resources
3. Disability Awareness County Panel Support Materials

Instructor-Led In-Person Training

Learning Objectives:

1. Identify different types of disabilities as defined by the ADA, including hidden disabilities
2. Understand the impact of aging on disabilities
3. Use professional skills, language and etiquette that leads to meaningful, respectful, interactions with IHSS recipients
4. Demonstrate sensitivity to people with disabilities to avoid stereotyping and bias

Outline:

1) Define Disabilities

- a) ADA Definition
 - i) Legal term not Medical
 - ii) Civil Rights
- b) Other common Definitions
- c) Define disability for IHSS community
 - i) One size does not fit all

2) Disabilities commonly encountered in IHSS

The purpose of this section is to provide a high-level overview; online resources will provide “just-in-time” learning with information and resources readily available as needed.

a) Recent Stats

- i) Deaf/Hard of Hearing
 - (1) IHSS Accommodations
 - (2) Resources
- ii) Blind Visually Impaired
 - (1) IHSS Accommodations for BVI
 - (2) Resources
- iii) Physical Disabilities
- iv) Communication Disorders
- v) Intellectual Disabilities
- vi) Autism

Commented [1]: DSS Crosswalk (5.c.)-"Training on Specific Types of Disabilities (invisible, behavioral, differing expressions of similar diagnosis)."

3) Standards for Quality Practice

i) Foundational Behaviors—based on California Core Practice Model

(1) Self Awareness

- (a) Biases (Explicit and Implicit)
- (b) Self monitoring/Use of Self

Commented [2]: DSS Crosswalk (4.b.)-"Practice self-awareness."

Commented [3]: DSS Crosswalk (3.a.)"Speak to the recipient naturally."

(2) Communication

- (a) Person first Language (*Disability Ettiquette*)
- (b) Assessments should be person-centered and individualized.
- (c) Honest, Clear, Respectful Communication
- (d) Accountability, Trust, and Rapport
 - (i) Explain changes and how time is assessed (i.e., time per task).
 - (ii) Explain social worker’s role within the “bigger picture” of long-term care services/supports.

Commented [4]: DSS Crosswalk (3.d.)

Commented [5]: DSS Crosswalk (3.a.)"Speak to the recipient naturally."

Commented [6]: DSS Crosswalk (3.c.)-"When possible, work with Alternative Resources to better understand the services the recipient needs to remain safely in his/her own home."

Commented [7]: DSS Crosswalk (3.b.)

Commented [8]: DSS CrossWalk (4.a.)

ii) Engagement

(1) Connect in manner that is welcoming, appropriate and comfortable for individual client/family

- (a) Consideration for preferred communication methods for clients unique needs
 - (i) Hearing impairments/ Deaf

Commented [9]: CDSS Crosswalk(1c.)-Start where the recipient is in all aspects of functioning (i.e., where is the recipient in the disability?).

Commented [10]: DSS Crosswalk (3.a.)"Speak to the recipient naturally."

Commented [11]: DSS Crosswalk (4.d.)- "Be resourceful and prepared. Obtain appropriate and accessible documents for recipients with disabilities prior to the visit.

- (ii) Visual impairments/ Blind
 - (iii) Cognitive impairments
 - (2) Demonstrate interest in learning about unique experiences, barriers, resiliency of client
 - (3) Consider clients' culture, community and tribes' communication preferences
 - (4) Active Listening
 - (a) OARS (MI Model)
 - (i) Mirror client's/family's language
 - (5) Trauma informed Assessment
 - (6) Strengths-based
 - (a) Acknowledge client/family's unique strengths
 - (i) resilience and resourcefulness
 - 1. support capacity to advocate for self
- iii) Safety and Risk Assessment
 - (1) Explain why and how you are assessing for risk
 - (2) Engage clients, family and providers in solutions/resources for client to remain safely in the home
 - (3) When possible, work with Alternative Resources to better understand the services the recipient needs to remain safely in his/her own home.
- iv) Teaming
 - (1) Take inventory of client resources
 - (a) family, friends, advocates, self-advocacy
 - (i) invite friends, family community to serve as support/advocacy partner
 - (ii) Ask for cultural considerations for the development of the team and teaming process
 - (b) Provider-Client relationship
 - (i) When and how to include providers in the conversation
 - (ii) Acknowledging the support and input of the provider
 - (2) Coordinating information sharing

Commented [12]: DSS Crosswalk (3.a.)"Speak to the recipient naturally."

Commented [13]: DSS Crosswalk (3.e.)-Recognize non-traditional communication cues from persons with disabilities and the social worker's ability to redirect.

Commented [14]: DSS Crosswalk (3.a.)"Speak to the recipient naturally."

Commented [15]: CDSS Crosswalk (2.c.)- "Complete individualized assessments and take time to explain regulations and program changes at each visit."

Commented [16]: CDSS CrossWalk (1.a.)-"Utilize a Social Strengths-Based Model: positive efforts in communicating with recipients living with disabilities through conversation and exchange."

Commented [17]: DSS Crosswalk (5.d.)- "Recipient Self-Advocacy/Empowerment."

Commented [18]: DSS Cross Walk (5.b)Alternative Resources (work in collaboration with other agencies to ensure the health and safety of the IHSS recipient and that his/her needs are met).

Commented [19]: DSS Crosswalk (3.c.)-"When possible, work with Alternative Resources to better understand the services the recipient needs to remain safely in his/her own home."

Commented [20]: DSS Crosswalk (4.d.)Be resourceful and prepared. Obtain appropriate and accessible documents for recipients with disabilities prior to the visit.

Commented [21]: DSS Crosswalk (5.a.)- "Inclusiveness (include family and provider insight in assessment process)."

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Commented [23]: CDSS Crosswalk (2.a.)- "Gather supplemental information from the provider for a more accurate assessment."

(a) Engage the team in the establishment of a process for efficient, culturally appropriate information sharing and coordination of services

(i) Planning and decision making processes

1. Consensus building
2. Shared understanding of safety, permanency in the home, and well being
 - a. Complete individualized assessments and take time to explain regulations and program changes at each visit.
3. Conflict resolution planning
4. Legal, regulatory, policy constraints on shared decision making options

Commented [24]: DSS Crosswalk (4.a.)-"Explain social worker's role within the "bigger picture" of long-term care services/supports."

Commented [25]: DSS Crosswalk (5.a.)- "Inclusiveness (include family and provider insight in assessment process)."

Commented [26]: CDSS Crosswalk (2.c.)

(ii) Work with Team to address evolving client needs

1. facilitate dialogue about how supports and safety plans are working.
2. explore with team members what roles they can play over time to strengthen safety and support.
3. help the team adapt to changing team member roles.

Commented [27]: DSS Crosswalk (5.a.)- "Inclusiveness (include family and provider insight in assessment process)."

(3) Service Planning and Delivery Behaviors

(a) Make efforts to prevent erroneous termination in services

(i) Social worker's due diligence in locating recipient prior to case discontinuance for whereabouts unknown, utilizing available resources to find recipient's home, etc.

Commented [28]: CDSS Crosswalk (2.b.)

Commented [29]: DSS Crosswalk (4.d.)-"Be resourceful and prepared. Obtain appropriate and accessible documents for recipients with disabilities prior to the visit."

(ii) When possible, work with Alternative Resources to better understand the services the recipient needs to remain safely in his/her own home.

Commented [30]: DSS Crosswalk 3.c.

Commented [31]: DSS Crosswalk (5.b.)-"Alternative Resources (work in collaboration with other agencies to ensure the health and safety of the IHSS recipient and that his/her needs are met)."

4) Disability Etiquette

a) Behaviors

i) Allow adequate time for the recipient to prepare for announced visit.

(1) Provide guidance to recipient to make a list of needs to help maintain focus during the visit.

Commented [32]: CDSS CrossWalk (1.b.)

- ii) Use people first language/put the person first (unless individuals prefer other language).
 - iii) Introduce yourself and offer a handshake. People with limited hand use or who wear an artificial limb can usually shake hands. The person will often tell you if they are not able to shake hands.
 - iv) Always ask before providing assistance—wait until the offer is accepted. Do not touch a person on their head or touch their wheelchair, scooter, cane, or any assistive device.
 - v) Speak directly to the person and not their attendant, interpreter, family member, etc.
 - vi) Do not pet service animals without checking with the owner first.
 - vii) It is acceptable to ask questions if you are unsure how to proceed or what to do next.
 - viii) At the beginning of any meeting, workshop, or seminar, always identify where the accessible restrooms are located.
 - ix) A disability does not define a person—it is part of a person.
 - x) Some disabilities are hidden and not at all apparent or obvious. Respect every person's requests and needs.
- b) Disability literacy
- i) Inclusiveness
 - (1) Packaging and Messaging of Materials
 - ii) Recognizing cultural differences
 - iii) Providing full accessibility
 - (1) Font Size
 - (2) Alternative Formats
 - (a) For example, when hosting a meeting, disability literacy would imply that the entity hosting the meeting would have sufficient internal capacity to host a meeting in a fully accessible building, provide materials in alternative formats, be mindful of transportation access, and provide other accommodations requested by meeting participants.
 - (b) If an environment is accessible, a person with a disability can likely maneuver in the setting. If a person needs help, he/she will

Commented [33]: DSS Crosswalk (3.a.)"Speak to the recipient naturally."

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communicate their need to you. People with disabilities want and should be treated as independent people.

5) Impacts of Aging on Disabilities

6) Additional resources available

Online Tutorials and Resources

Learning Objectives:

1. Ongoing resource for different types of disabilities as defined by the ADA, including hidden disabilities
2. Definition, Communication Considerations, and Resources

Brief Outline:

1) Define Disabilities

- a. ADA Definition
- b. Define disability for IHSS community

2) Disabilities commonly encountered in IHSS

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Disability Awareness County Panel

This will be a set of materials (inspired by Riverside County) to assist counties in conducting local disability awareness panel discussions.

Learning Objectives:

1. Increase sensitivity, and proficiency in working with individuals who are disabled
2. Deeper understanding through hearing directly from individuals impacted, and consideration of local resources

Brief Outline:

- 1) Recap key points from one-day training
- 2) Facilitated Panel discussion
- 3) Discussion of resources and supports available